

**FACSIMILE TRANSMISSION
TO THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**RECEIVED
CENTRAL FAX CENTER**

MAR 16 2005

(703) 872-9306


TO: EXAMINER: JOSEPH USTARIS
EXAMINER'S TELEPHONE NUMBER: 571-272-7383
ART UNIT: 2611
SERIAL NO. 09/745,622

FROM: PATTI DEMICHELE

**PHILIPS ELECTRONICS NORTH AMERICA CORPORATION
P.O. BOX 3001
BRIARCLIFF MANOR, NEW YORK 10510
TELEPHONE: (914) 333-9642**

I certify that this document (Change of Address) consisting of 2 pages (including this cover sheet) is being transmitted via facsimile to the United States Patent and Trademark Office at the telephone number set forth above on March 16, 2005.


Fax Operator

Please type a plus sign (+) inside this box → 

PTO/SB/122 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|---|------------------------|-------------------|
| CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Assistant Commissioner for Patents Alexandria, VA 22313-1450 | Application Number | 09/745,622 |
| | Filing Date | December 21, 2000 |
| | First Named Inventor | JIN LU |
| | Group Art Unit | 2611 |
| | Examiner Name | Joseph Ustaris |
| | Attorney Docket Number | US000383 |

RECEIVED
CENTRAL FAX CENTER

MAR 16 2005

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number 24737 →

Type Customer Number here

PATENT TRADEMARK OFFICE

OR

| | | | | | |
|--|---|-------|----------------|-----|------------|
| <input type="checkbox"/> Firm or Individual Name | PHILIPS INTELLECTUAL PROPERTY & STANDARDS | | | | |
| Address | 345 Scarborough Road | | | | |
| Address | P.O. Box 3001 | | | | |
| City | Briarcliff Manor | State | New York | ZIP | 10510-8001 |
| Country | USA | | | | |
| Telephone | (914) 333-9608 | Fax | (914) 332-0615 | | |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :


☐ Applicant.

☐ Assignee of record of the entire interest.
Certificate under 37 CFR 3.73(b) is enclosed.

☒ Attorney or agent of record.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name MICHAEL E. MARION

Signature 

Date MARCH 16, 2005

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box 1450, Alexandria, VA 22313-1450.